



## EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA

### Advisory Committee

DECEMBER 5, 2014 MEETING MINUTES

8:00 AM - 12:00 PM

### MEETING INFORMATION:

In person: 1400 Broadway, Cogswell Building, C207-209

Video Conference: Mansfield Center, St. Vincent Healthcare -Billings

### EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

*Guiding and providing oversight to the EMS & Trauma Section to improve outcomes in the critically ill and injured child by enhancing pediatric emergency care capabilities and promoting pediatric illness/injury prevention initiatives within our state. Committee composed of representatives from professional health care organizations, child advocate organizations, community service agencies and others vested in the care of children.*

### CHILD READY MT - STATE PARTNERSHIP OF REGIONALIZED OF CARE (SPROC)

*The intent of the program is to develop an accountable, culturally competent, and assessable emergent care system for pediatric patients across Montana, which will result in providing the right care, at the right time, in the right place.*

### INTRODUCTIONS- roll call of members

**Helena:** Robin Vanhemelryck, FAN Chair; Jim DeTienne, EMS&Trauma Section Supervisor; Alyssa Sexton, RN, EMS&T Trauma Systems Manager; Robin Suzor, EMS For Children Program Manager; Kassie RunsAbove, Child Ready MT Program Manager; Clint Loss from MEMSA; Victoria Cech, Representative from MHA; Dr. Greg Schulte, Pediatrician (Butte) MT Academy of Pediatrics; Rebecca Corbett, Health Resources Division Representative; Heather Racicot, Children w/ Special Health Needs Representative.

**Billings:** Andrew Goss, Billings Clinic Injury Prevention Coordinator; Crystal Colliflower, I HS Representative; Joe Hansen, FAN and IRREC Rep

**Absent:** Vacant, Injury Prevention Coordinator; Vacant, MT DPHHS FICMR Coordinator; Karl Rosston, MT DPHHS Suicide Prevention Coordinator; Harry Sibold, MD, FACEP, State EMS Medical Director; Roger Holt, PLUK; Dr. Salerno, St. Vincent's Health Care; Tony Fisher, I HS; Dr. Chamberlin; St. Vincent's Health Care; Doris Barta, ST. Vincent's Telehealth Coordinator; Lorna Dyk, St. Vincent Healthcare; Jeannie Penner, School Nurses' Association (car accident); Dayle Perrin-Hospital Preparedness Manager (at conference); Shari Graham, Paramedic and EMS Systems Manager; Jamie Peterson, MT Children's Trust Fund; Pam Buckman, MT Dept of Transportation Representative

The overall goal of the EMS for Children State Partnership program is to institutionalize pediatric emergency care within the larger EMS System. This will be accomplished through implementation of performance measure standards that assure the following are achieved:

- Nationally-recommended pediatric equipment are readily available in ambulances;

- Prehospital providers receive pediatric-focuses training regularly and frequently to assure they are prepared to manage pediatric medical and traumatic emergencies;
- Prehospital providers have access to pediatric medical direction whenever needed to assure the right care at the right time;
- Hospitals are equipped to medically-manage pediatric medical and traumatic emergencies;
- healthcare facilities have well-defined guidelines and clearly understood processes that assure the immediate transfer of children to the most appropriate facility when medically-necessary; and
- That emergency medical service for children priorities are institutionalized with the State EMS System.
- An additional goal is to ensure that family-centered/patient-centered care is part of both prehospital and hospital phases of care for all children.

The overall goal of the **Child Ready MT** is to implement a replicable regionalized system of healthcare for Montana children. Specific objectives include:

- Establishing and solidifying structure for program execution.
- Examining capabilities of each component of the healthcare system to optimize the sharing of resources.
- Developing and implementing processes to manage and treat acutely ill and severely injured children.
- Developing and implementing processes to provide pediatric specialty services for children requiring access to a higher level of service while providing clinical support and expertise that may facilitate keeping the child in the home community when the child's condition allows; and
- Facilitating access to and retrieval of clinical data to ensure safe, timelier, efficient, effective, and equitable and patient-centered care.

Copies of Agenda; Draft Pediatric Facility Recognition Criteria Report, Data handouts were distributed.

**MT SPROC Report-** Child Ready MT - Kassie reported on second site visits/pediatric mock code with more EMS involvement and scenarios that include more prehospital care as well as the ED. Cultural sensitivity/awareness trainings are in development with specific reference to historical trauma. Child Ready MT is working with Indian Health Service to help educate other hospitals and healthcare re: the workings on I HS. Kassie had a "meet and greet" session with Montana Tribal Leaders. Members discussed how to incorporate this cultural training into Prehospital services- Possible breakout/keynote at the 2015 MT EMS Association Conference as well as a possible recorded webinar session for EMS monthly trainings across the state.

**EMSC priorities are:**

To enhance healthcare professional pediatric education and training,

To develop practice and care standards/guidelines

To promote pediatric injury prevention initiatives

To assist with pediatric disaster preparedness, and

To develop a process to assure Emergency and Critical Care preparedness for the pediatric patient-facility recognition

**Facility Pediatric Recognition Criteria-** is the process to identify the readiness and capability of a hospital and its staff to provide optimal pediatric emergency and critical care. Addresses Federal EMSC Performance Measures #74 9Facility Recognition/Categorization System Medical Emergencies, #75 Facility Recognition/Categorization System Trauma Emergencies (measured on the percentage of hospitals recognized through a statewide or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical and trauma emergencies),

#76 Interfacility Transfer Guidelines, and #77 Interfacility Transfer Agreements (specifically related to pediatric patients.) These measures are to be implemented within 5 years.

Discussed the three workgroup meetings (10/20; 11/17 & 12/3)--work group members included: Dr. Schulte, Pediatrician, Alyssa Sexton (RN, CEN, Trauma Systems Manager), Carol Kussman (Trauma Coordinator and RN), Kassie Runsabove (SPROC Manager & Cultural Liaison), Joe Hansen (FAN Rep), Robin Suzor (EMSC Program Manager), Dr. Jose' Ortiz (ED Physician) And detailed revisions of the "draft" Montana Pediatric Facility Recognition levels and criteria- After discussions the Regional, Area, Community and receiving facility levels changed because of the number of Essentials and Desirable levels—Now have Two Levels --**Pediatric Ready and Pediatric Capable**. The draft needs a few revisions in the medicine portion-organization etc.

The criteria follow the Guidelines for Care of Children in the Emergency Department closer-use verbiage, etc. MHA may be able to help with offering "incentives" to hospitals to increase pediatric readiness capabilities.

#### **EMSC-updates:**

Due to length of discussions on the Recognition criteria- the initial agenda items now rescheduled for March 6, 2015 Advisory Committee meeting- Family Centered Care Curriculum that IRECC is currently working on to increase the capacity of EMS to use family centered care. As well as the MT PIN Project. Updated school emergency guidelines discussion rescheduled for March.

Emergency Nursing Pediatric Course (ENPC) course-currently building the capacity for instructors to increase the educational opportunities across Montana.

Regional Meetings with Hospitals discussed. Draft Memo, and handouts -Peds Ready Report, Child Ready Site Visit Map, Reports on Online Medical Direction and Interfacility Transfer Agreement/Guidelines Reports, Child Ready MT Brochures, and The Montana Pediatric Recognition Criteria to help start the discussions on regionalization of pediatric care in Montana.

Jim DeTienne will meet with the larger hospitals as part of his town hall meetings to discuss Pediatric Readiness and Child Ready MT. He will explore possible new members during these discussions. Jim will visit St. Vincent's HealthCare and Billings Clinic Hospitals on December 18<sup>th</sup>. Other regional meetings will take place after the first of the year.

Discussion re: issues with schools and emergency medical services i.e., transporting difficulties and questions on parental authorization; and issues with school staff not utilizing EMS as appropriate—Jim will follow-up with Shari and others and more discussions at future meetings.

**Data Discussion:** Carl Taylor, Fraser Institute for Health and Risk Analytics presented on Medicaid data re: ED visits and costs associated with the top 15 diagnosis of 2010, 2011, and 2012 and of those the top ten represents the real focus. These diagnoses represented a significant % of ED visits. General medical exam showed up every year for the 13 to 19 year olds as a top 10. ER visits 0-2; ER visits 3-12; and ER visits 13-19 were discussed. In each of the categories- the visit was coded as routine child health exam (#3, #4, and #8 respectively) and

mental health issues- oppositional defiant disorder, attn. deficit w/ hyperact, and PTSD were also a high % of visits. More than half are behavior related. Collaboration with the Office of Public Instruction's new Youth Mental Health First Aid grant will be explored. Trainings can be offered to EMS and Law enforcement as well as school staff. Dental exams also rated #3 and #6 in the 3-12 and 13-19 categories.

The data indicated that a substantial number of Ed visits might be handled by another provider or in a "more" appropriate" setting. Discussion was held re: the need for health literacy training for parents, more training for school personnel and others.

Carl also presented on the idea of the possible creation of incentives for select providers to manage the ED visits such as community paramedicine, Telehealth, school based clinics and other innovative developments.

The power point presentation was distributed via email to EMSC/Child Ready MT Advisory Committee members and stakeholders.

The Trauma specific pediatric data will be presented at the March meeting. Discussions will continue re: the ramifications of this data and where EMSC/Child Ready MT can go in the future.

**NEXT MEETING DATE for the EMSC/Child Ready MT Advisory Committee Meeting is scheduled for March 6, 2015 in Helena from 9-2:00 (teleconferencing at the Billings site available in case of inclement weather and roads.)**